BadgerCare+

Training Sessions for All Providers

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BadgerCare Plus Overview

BadgerCare Plus Overview:

- Introduced in 07-09 biennial budget proposal.
- Expansion of health care coverage to Wisconsin residents.
- Program begins February 1, 2008.

BadgerCare Plus Overview (cont.)

Key Initiatives:

- Ensure that all Wisconsin children have access to affordable health care.
- Ensure that 98% of Wisconsin residents have access to health care.
- Streamline program administration and enrollment rules.
- Expand coverage and provide enhanced benefits for pregnant women.
- Promote prevention and health behaviors.

BadgerCare Plus Overview (cont.)

Enrollment Expansion:

- All uninsured children.
- More pregnant women.
- More parents and caretaker relatives.
- Parents with children in foster care who are working to reunify their families.
- Young adults exiting out-of-home care, such as foster care, because they have turned 18 years of age.
- Certain farmers and other self-employed parents and caretaker relatives.

BadgerCare Plus Overview (cont.)

BadgerCare Plus is the merger of the following programs:

- BadgerCare.
- Healthy Start.
- Family Medicaid.

BadgerCare Plus Overview (cont.)

BadgerCare Plus has two benefit plans.

Standard Plan covers the following people with incomes at or below 200% of the Federal Poverty Level (FPL):

- Children.
- Parents and caretaker relatives.
- Young adults exiting out-of-home care, such as foster care, because they have turned 18 years of age.
- Pregnant women.

BadgerCare Plus Overview (cont.)

BadgerCare Plus has two benefit plans.

Benchmark Plan covers the following people:

- Children in families with incomes above 200% of the FPL.
- Pregnant women with incomes between 200% and 300% of the FPL ($51,510 for a family of 3).
- Certain self-employed parents, such as farmers, with incomes up to 200% of the FPL.

BadgerCare Plus Overview (cont.)

Medicaid covers the following people:

- 65 or older, blind, or have a disability will continue to be enrolled in their respective programs (SeniorCare, Family Care, or Medicaid).

BadgerCare Plus Overview (cont.)

Terminology changes:

- Recipients will now be referred to as members.
- Presumptive eligibility is now referred to as Express Enrollment.
- Medicaid Health Maintenance Organizations (HMOs) will now be referred to as BadgerCare Plus Standard Plan HMOs and BadgerCare Plus Benchmark Plan HMOs.
- Eligibility will now be referred to as enrollment.
- Medicaid will now be referred to as Standard Plan, unless otherwise specified in publications.
- Forward card is now the ForwardHealth card.

BadgerCare Plus Covered Services

New services covered under all plans:

- Over-the-counter tobacco cessation *products* for all members.
- Mental health and substance abuse screening, preventive mental health counseling, and substance abuse intervention services for pregnant women at risk of mental health or substance abuse problems.

Services covered under the Standard Plan are the same as the current Medicaid program. The term "Standard Plan" will be used going forward to describe shared policy and billing information for Medicaid and Standard Plan.

The Benchmark Plan was modeled after commercial health insurance plans.

BadgerCare Plus Covered Services (cont.)

The Benchmark Plan will cover the following services:

- Generic prescription drugs.
- Physician services.
- Immunizations.
- Laboratory services.
- HealthCheck screenings.
- Mental health and substance abuse services.
- Preventive and basic dental services for children and pregnant women.

BadgerCare Plus Covered Services (cont.)

Services that are covered in the Standard Plan but not the Benchmark Plan include (but are not limited to):

- Specialized medical vehicles (SMV) and common carrier transportation.
- Case management services.
- Crisis intervention services.
- Community Support Program services.
- Comprehensive community services.
- Private duty nursing.
- Personal care.
- Outpatient mental health and substance abuse in the home and the community for adults.
- Eyeglasses and contact lenses.

Service Limitations

Under the Benchmark Plan, there may be service limitations. The limitation can be any of the following:

- A dollar limit (for example, DME - $2500.00 per enrollment year).
- Number of visits (for example, Home Health – 60 visits per enrollment year).
- Number of days (for example, Nursing Home – 30 days per enrollment year).
- Lifetime (for example, Hospice – 360 days lifetime).

Once a service limitation is met, the services are considered noncovered. For noncovered services, the member is responsible for payment. Providers should make payment arrangements with the member in advance.

Enrollment Year

Benchmark Plan enrollment year is defined as:

- Continuous 12-month period.
- Begins the first day of the calendar month in which the Department of Health and Family Services (DHFS) enrolls a member in the Benchmark Plan.
- Ends on the last day of the 12th calendar month.

Note: If a member switches from the Benchmark Plan to the Standard Plan, the Benchmark Plan enrollment year does not reset.

Enrollment Year (cont.)

The Benchmark Plan enrollment year is used to determine service limitations in the Benchmark Plan.

Note: Services received under Standard Plan do not count toward the enrollment year service limitations in the Benchmark Plan and vice versa.

Services received after eligibility is established and before the enrollment year begins are covered under the Benchmark Plan but do not count toward the service limitations.

Claim Submission Requirements

The claim submission requirements for the BadgerCare Plus Standard Plan and Benchmark Plan are the same as they are under the current Wisconsin Medicaid program.

Billing Members

Policy and procedures for billing Standard Plan and Benchmark Plan members for covered services are the same as they are under the current Wisconsin Medicaid program.

Billing Members for Noncovered Services

Standard Plan

Policy and procedures for billing members for noncovered services are the same under the Standard Plan as they are under the current Wisconsin Medicaid program.

Benchmark Plan

Some services **are never covered** under the Benchmark Plan.

Billing Members for Noncovered Services (cont.)

Benchmark Plan:

- Providers may collect reimbursement for noncovered services from the member if the member accepts responsibility for payment and makes payment arrangements with the provider.
- Providers are strongly encouraged to obtain a written statement in advance documenting that the member has accepted responsibility for payment of the service.
- For noncovered services, providers can bill members up to their usual and customary charges.

Billing Members for Noncovered Services (cont.)

Note: The restrictions on billing members for covered services are the same under the Benchmark Plan as they are under Wisconsin Medicaid. Providers are prohibited from collecting payment from members for certain services, such as translation services or missed appointment charges. Providers are also prohibited from collecting payment from members for BadgerCare Plus-covered services that do not meet program requirements.

Billing Benchmark Plan Members for Services With Visit Limitations Per Enrollment Year

Under the Benchmark Plan, some services are covered until a member reaches a specified number of visits or number of days of service per enrollment year. These services include:

- Home health visits.
- Hospice services.
- Nursing home stays.
- Routine eye exams.
- Therapy visits (PT, OT, SLP).

Any visits that exceed the specified limit established under the Benchmark Plan **are not covered**. Services provided during a noncovered visit will not be reimbursed by BadgerCare Plus.

Billing Benchmark Plan Members for Services With Visit Limitations Per Enrollment Year (cont.)

If the member requests a service that exceeds the limitation, the member is responsible for payment:

- Providers should make payment arrangements with the member in advance.
- For noncovered services, providers can bill members up to their usual and customary charges.

Billing Benchmark Plan Members for Services With Dollar Limits Per Enrollment Year

Under the Benchmark Plan, some services are covered up to a specified dollar limit per enrollment year:

- Any products or services that exceed the dollar limit are considered noncovered services.
- Providers will be reimbursed for services provided to a Benchmark Plan member who has not exceeded his or her dollar limitation at the lesser of the provider's usual and customary charge or the Medicaid maximum allowable fee.
- If BadgerCare Plus covers a portion of the charges for the service, providers must accept the lesser of their usual and customary charges or the maximum allowable fee as payment in full.

Billing Benchmark Plan Members for Services With Dollar Limits Per Enrollment Year (cont.)

- Providers can balance bill the member for the difference between the allowed reimbursement and the dollar amount paid by BadgerCare Plus.
- If a member has already met or exceeded dollar limit, BadgerCare Plus will not reimburse for services provided to that member.
- Providers can bill members up to their usual and customary charges for noncovered services.

Reimbursement

Bill usual and customary.

Standard Plan:

- Max allowable fee schedule.

Benchmark Plan:

- Max allowable fee schedule (exception dental).

Copayment

Standard Plan:

- Copayment amounts and copayment limits for services are the same as the current Wisconsin Medicaid program.
- Members who are subject to copayments and members who are exempt from copayments are different in the Standard Plan than the current Wisconsin Medicaid program.

On February 1, 2008, copayment will apply for:

- Members enrolled in the BadgerCare Plus Standard Plan HMOs (previously referred to as Medicaid HMOs).
- Members under 18 years of age with incomes above 100 % of the FPL - where copayment applies.

Copayment (cont.)

Standard Plan

Providers cannot collect copayments from:

- Nursing home residents.
- Pregnant women.
- Members under 18 years of age with incomes at or below 100% of the FPL.
- Members under 18 years of age who are members of a federally recognized tribe regardless of income.

Copayment (cont.)

Benchmark Plan:

- Copayments are defined by service category and are generally higher than the Standard Plan.
- Preventive and family planning services and services provided to pregnant women are exempt from copayment.
- Dental services will be subject to cost sharing.
- Copayment is per rendering provider, per visit (not per procedure code).
- Charge members the lesser of the copayment amount and the maximum allowable fee for the item or service.
- Unlike the Standard Plan, a provider has the right to deny services if the member fails to make his or her copayment.
- Members under the age of 18 who are members of a federally recognized tribe, regardless of income, are exempt from copayment.

Enrollment

Simplification:

- Current – over 20 different coverage groups.
- BadgerCare Plus – 3 coverage groups.

Current application process will stay in place. Applications may be submitted in any of the following ways:

- Web: *access.wisconsin.gov/access/*
- Telephone.
- Mail.
- In person.

Enrollment Verification

Check enrollment:

- For each visit.
- Determine under which plan he or she is covered.
- Before providing services.
- Discover any limitations to the member's coverage.

Enrollment verification options available:

- 270/271 transaction.
- Vendors.
- AVR.
- Provider Services.

Enrollment Verification (cont.)

Enrollment information that is available:

- Limited benefit categories.
- HPSA coverage.
- Lock-in status.
- Member liability.
- Level of care.
- BadgerCare Plus coverage.
- BadgerCare Plus managed care coverage.
- Commercial health insurance coverage.

Enrollment Verification (cont.)

For BadgerCare Plus member enrollment, providers may hear one of the following messages:

- BadgerCare Plus Standard Plan.
- BadgerCare Plus Standard Plan. No copay.
- BadgerCare Plus Standard Plan. No copay. Ambulatory Services. No inpatient services are payable.
- BadgerCare Plus Benchmark Plan.
- BadgerCare Plus Benchmark Plan. Dental Benefit.
- BadgerCare Plus Benchmark Plan. No copay. Dental Benefit.
- BadgerCare Plus Benchmark Plan. No copay. Dental benefit. Ambulatory Services, no inpatient services are payable.

Express Enrollment

Express Enrollment:

- Available for pregnant women and certain low-income children.
- Determination made by qualified providers and other community partners (e.g., Head Start; Special Supplemental Nutrition Program for Women, Infants, and Children [WIC]; faith-based organizations; child care centers; schools) for children under the age of 19 with specific income requirements.

Note: At the end of this session, we will be offering training on the ACCESS eligibility system.

Identification Cards

Identification cards are being redesigned; however, current Forward cards are still valid.

ForwardHealth card will be issued:

- Upon request.
- When a card is lost or stolen.
- To new members.

Note: Members of the same family may have cards that look different from one another.

Identification Cards (cont.)

Additional identification cards will continue to be available:

- SeniorCare identification cards.
- Presumptive Eligibility (PE) identification cards from the back of the paper application for pregnant women.
- BadgerCare Plus Express Enrollment identification cards for pregnant women and children.
- Temporary cards (green).

Contact Information

Additional BadgerCare Plus information can be found at the following Web sites:

BadgerCare Plus Web site:

- *www.badgercareplus.org*
- *dhfs.wisconsin.gov/badgercareplus*

BadgerCare Plus Updates:

- *dhfs.wisconsin.gov/medicaid4/index.htm*